## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

10/5/838/

|  |  | CLAIMS A                                  | S FILED - PA<br>(Column 1)                                       |                                       | (Column 2) |                                 |            | SMALL ENT           | <b></b> ′              | OR         | OTHER<br>SMALL E    |                        |
|--|--|---|--|---------------------------------------|------------|---------------------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |  |                                       |            | ,                               |            | RATE                | FEE                    |            | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                       | LARG       | E ENT. = \$ 300                 |            | BASIC FEE           | 150                    | OR         | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article (4) = \$50/\$                              |                                       |            | er situations =<br>100 / \$ 200 |            | EXAM FEE            | 100                    |            | EXAM FEE            | -                      |
| SEARCH FEE   |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                       |            | ersituations =<br>250/\$ 500    |            | SEARCH FEE          | w                      |            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                       |            | / 50 =                          |            | X \$ 125 =          |                        |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | & minus  | . –                                   |            |                                 | X \$ 25 =  |                     | OR                     | X \$ 50 =  |                     |                        |
| INDEPENDENT CLAIMS   |  |   | min:   |                                       |            |                                 | X \$ 100 = |                     | OR                     | X \$ 200 = |                     |                        |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRE                            | SENT   |                                       |            |                                 |            | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
| • If   | the difference                                 | in column 1 is l                          | less than zero, e  | s than zero, enter "0" in colu        |            |                                 |            | TOTAL               | 450                    | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  P.D. (Column 1) (Column 2) (Column 3)   |  |   |  |                                       |            |                                 |            | SMALLE              | NTITY                  | OR         | OTHER               |                        |
| AMENDMENT A  | 12-29-0  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>ISLY  | PRESENT<br>EXTRA                |            | RATE                | ADDI-<br>TIONAL<br>FEE | ,          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 8                                       | Minus **   | Ze                                    | 2          | a                               |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
|  | Independent                                    | • /                                       | Minus ·  | <u> </u>                              |            | =                               |            | X \$ 100 =          |                        | OR         | X \$ 200 =/         |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |            |                                 |            | +\$ 180 =           |                        | OR         | +\$360=             |                        |
|  |  |   |  |                                       |            |                                 |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                                       |            |                                 |            |                     |                        |            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R          | PRESENT<br>EXTRA                |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus **   | •                                     |            | •                               |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus  | 14                                    |            | a                               |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPE            |   |  | DENT CL                               | AIM        |                                 |            | + \$ 180 =          |                        | OR         | +\$ 360 =           |                        |
|  |  |   |  |                                       |            |                                 |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                       |            |                                 |            |                     |                        |            |                     |                        |